

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09-76641	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1			
2		1		1			
3		1		1			
4		1		1			
5		1		1			
6		5		1			
7		1		1			
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50							
TOTAL IND.	1						
TOTAL DEP.	15						
TOTAL CLAIMS	16						

BEST AVAILABLE COPY